் பிக் Department of Labor Office of Labor-Management Standards Washington, DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No 1215-0188
Expires 11-30-2006

This report is mandatory under P L. 86-257 as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U S.C 439 or 440



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

OLMS!			
1 File Number U 3216	2. Fiscal Year Covered From:		
	[01/01]/[2004 Through [12/31]/[2004		
3 Name and address of person filing	4 Name file number and address of labor organization.		
Name Day-1d Tumbleson Tumbleson	Name Painters_Local_Union_1072		
	Labor Organization File Number 052=627		
PO Box, Bldg Room No If any	P O Box, Building and Room Number if any		
Street [1911_East_view_Ave	Street 2001 Pinc Street		
City West Portsmouth	City Kenova		
State 0 H ZIP Code + 4 4 5 6 6 3	State   W V   ZIP Code + 4 25530		
5 Position in labor organization Vice-President			
6. Name and address of Employer (including trade name if any)  Name  Trade Name if any	7 a. Nature of Interest, Transaction, or Income.		
PO Box Bidg Room No. if any	7.b Amount.		
Street			
Caty			
State ZIP Code + 4			
Signature			
15. Signature and verification. The undersigned declares, under penalty of submitted in this report (including the information contained in any accompan undersigned's knowledge and belief true correct, and complete (See the se	ying documents) has been examined by the signatory and is to the best of the		
Signed Julloon			

Name of Person Filling David Tumbleson	File Nu	mber U-	
B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested			
8. Name and address of Business (including trade name if any)  Name  Trade Name if any:  P O Box, Bidg Room No if any  Street  City  State  ZIP Code + 4	9 Business deals with.  a Labor Organization b Trust c. Employer		
10 If 9 b or 9 c. is checked give trust or employer's name	11 a Nature of such dealing		
Name Trade Name if any:  P O Box, Bldg Room No if any Street  City  State  ZIP Code + 4	11 b Approximate dollar value of such dealing  12.a. Nature of interest held or income received		
	12.b Amount.		
C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value  13.a. Name and address of Employer or Labor Relations Consultant  14 a. Nature of payment.			
(including trade name, if any).			
Name			
Trade Name if any			
P O Box, Bidg Room No. If any			
Street			
City			
State ZIP Code + 4			
13 b Is the Business an Employer or Consultant ?	14 b Amount of payment.		